

AOC-706 Summons Type: HD Rev. 4-01 Page 1 of 1 Commonwealth of Kentucky Court of Justice KRS 202A, 202B and 387	 HOSPITALIZATION/DISABILITY SUMMONS	Case No. _____ Court District _____ County _____
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IN THE INTEREST OF:

Name: _____

Address: _____

The Commonwealth of Kentucky to the above-named Respondent:

You are hereby notified a legal action has been filed in which you are the respondent. A copy of the petition is attached.

You are further notified by the appropriate block(s) checked below to:

☐ appear on _____, 2_____, _____ ☐ a.m. ☐ p.m., at *(location)* _____ to be examined by professionals qualified to assess your mental or physical well-being;

☐ appear on _____, 2_____, _____ ☐ a.m. ☐ p.m., at *(location)* _____ to be examined by professionals qualified to assess your mental or physical well-being. At your request a Professional **retained by you** shall be permitted to witness and participate in your examination.

☐ appear on _____, 2_____, _____ ☐ a.m. ☐ p.m., at *(location)* _____ for a hearing in this matter.

Date: _____, 2_____ Clerk _____

By: _____ D.C.

PROOF OF SERVICE

Executed by delivering a copy of the summons and petition to the above-named Respondent.

Date: _____, 2_____

Signature

Title